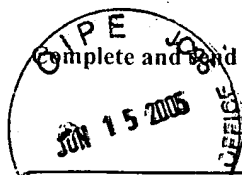


JUN 16 2005

PART B- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 or Fax (703) 746-4000

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

03/15/2005

Express Mail Label No.: EV482562377US

Louis M. Heidelberger
 Reed Smith Shaw & McClay
 2500 One Liberty Place
 1650 Market Street
 Philadelphia, PA 19103-7301

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/737,402	12/15/2000	Jonathan Pace	99-40264 US	8823

TITLE OF INVENTION: SHRINK-WRAP CASKET SHIELD

06/17/2005 FFANAI3 00000099 09737402

01 FC:2501

02 FC:1504

700.00 OP
300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	06/15/2005

EXAMINER	ART UNIT	CLASS-SU BCLASS
MILLER, WILLIAM L	3677	027-019000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1 Reed Smith LLP

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-0586 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date: June 15, 2005Typed or printed name: Carl H. PierceRegistration No 45,730

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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ReedSmith

Carl H. Pierce
Direct Phone: 215.241.7970
Email: cpierce@reedsmith.com



Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103-7301
215.851.8100
Fax 215.851.1420

June 15, 2005

BOX ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Serial No.: 09/737,402
 Applicant: Pace et al.
 Title: Shrink-Wrap Casket Shield
 Filing Date: December 15, 2000
 Confirmation No.: 8823
 Docket No: 99-40264-US

Dear Sir:

Enclosed are the following for filing in connection with the above-referenced application:

1. An Issue Fee Transmittal with PTOL-85B;
2. A check in the amount of \$1,000.00(check #2433) to cover payment of issue fee;
3. A self-addressed stamped postcard, return of which is requested to acknowledge receipt of the enclosed documents.

EXPRESS MAIL CERTIFICATE (37 CFR (1.10))

Express Mail Label No. EV482562377US

Date of Deposit: June 15, 2005

I hereby certify that this paper, and the papers and/or fees referred to herein as transmitted, submitted or enclosed, are being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date shown below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name: Dolores A. Springfield

Signature: Dolores A. Springfield

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BOX ISSUE FEE
Commissioner for Patents
June 15, 2005
Page 2

The Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 18-0586. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C.H. Pierce', written over a horizontal line.

Carl H. Pierce
Registration No.: 45,730
REED SMITH LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103
Tel.: 215-241-7970
Fax: 215-851-1420
Attorney for Applicant(s)